

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9-2-10

Address: 225 GALT ST APT 1

Case #: 45F51720

New Albany, IN

County: Floyd

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel
☐ Outbuilding ☒ Open - No Structure
☐ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☒ Red Phosphorous/Iodine Reaction(s): REFLUX TUBE BED RM
☒ Flammable Solvents: LIVING RM, BED RM
☐ Water Reactive Metal (Lithium):
☐ Anhydrous Ammonia: _____
☐ Hydrochloric Acid Gas Generator(s):
☒ Corrosive Acid: BEDROOM
☒ Corrosive Base: BEDROOM
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: New Albany FD

Fax: N/A

Health Department: Floyd Co

Fax: 948.2208

Child Protection Service: Floyd Co

Fax: 941.9590

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: KATRINA SMITH Phone 812.246.5424

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.